



Financial Affairs Division  
Arizona Department of Insurance  
2910 North 44th Street, Suite 210  
Phoenix, Arizona 85018-7269  
Telephone: (602) 364-3999/Fax: (602) 364-3989

---

REINSURANCE ACCREDITATION OF AN INSURER/REINSURER  
LICENSED TO TRANSACT BUSINESS IN AT LEAST ONE OTHER STATE IN THE  
UNITED STATES. [A.R.S. § 20-261.01(A)(2)]

---

1. **Form E-AR-13** Application for Certificate of Reinsurance Accreditation.
2. **Form E-AR-1** Power of Attorney and Certificate of Assuming Insurer.
3. Copy of most recent annual financial statement.
4. Copy of financial statement for each quarter of the current calendar year.
5. Copy of most recent audited financial report.
6. Certified (by the state of domicile or port of entry state) copy of the most recent financial report of examination.
7. Copy of the Applicant's initial Articles of Incorporation and all subsequent amendments or, if applicable, it's most recently Restated Articles of Incorporation and all subsequent amendments.
8. Certified copy of a letter, a Certificate of Authority, or a Certificate of Compliance, issued by the public official having supervision of insurance in Applicant's state of domicile or port of entry showing that the Applicant is authorized to transact the kinds of insurance for which the insurer requests to be certified as an accredited reinsurer. If the certificate only cites sections of law without naming the kinds of insurance, attach copies of the statutory definitions.
9. Statement regarding what lines of insurance the applicant is applying to reinsure (i.e. casualty with or without workers' compensation, disability, life, marine and transportation, property, surety, vehicle). If casualty with workers' compensation is being applied for, a trust deposit is required pursuant to Arizona Revised Statutes § 23-961.D and G.
10. Statement by Insurance Department of Applicant's state of domicile or port of entry listing statutory application requirements and any additional requirements established by department rules or regulation which apply to the reinsurance accreditation of a like Arizona company.
11. A check in the amount of \$100.00 made payable to the *Arizona Insurance Examiners' Revolving Fund*.
12. A check made payable to the *Arizona Department of Insurance* in the greater amount as determined in the following chart.

Arizona Fees

Annual Statement Filing \$	300.00
Application Filing Fee \$	0
Certificate Issuance \$	195.00
Other \$	0
Total Arizona Fees \$	495.00

Domiciliary State Fees

Annual Statement Filing \$	
Application Filing Fee \$	
Certificate Issuance \$	
Other \$	
Total Domiciliary State Fees \$	

The Department may utilize the services of financial analysts and/or examiners to assist in its review. If so, a statement for services rendered will be sent as these services are performed.